## MIDD II FRAMEWORK Updated 8.27.15

## MIDD OBJECTIVE

Improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders.

## MIDD THEORY OF CHANGE

When people living with mental health and substance use disorders utilize culturally appropriate prevention and early intervention opportunities, crisis diversion, and reentry and recovery services, they reduce their contact with the justice and hospital systems, improve their quality of life, and experience wellness and recovery.

## 2007 Adopted MIDD Policy Goals: (will be recommended to be revised over the course of the MIDD II development process)

- 1. A reduction in the number of mentally ill and chemically dependent people using costly interventions, such as, jail, emergency rooms, and hospitals.
- 2. A reduction in the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency.
- 3. A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults.
- 4. Diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement.
- 5. Explicit linkage with, and furthering the work of, other Council directed efforts including, the Adult and Juvenile Justice Operational Master plans, the Plan to End Homelessness, the Veterans and Human Services Levy Service Improvement Plan and the King County Mental Health Recovery Plan.

MIDD Strategy Areas	SAMPLE <sup>i</sup> MIDD Program Outcomes (performance)	SAMPLE <sup>ii</sup> MIDD Individual Outcomes (population)	SAMPLE <sup>iii</sup> MIDD Measures & Indicators
Prevention and Early Intervention  Keep people healthy by stopping problems before they start and preventing problems from escalating	<ul> <li>Increased access to person centered, culturally appropriate treatment, education, and training services</li> <li>Increased availability of behavioral health information in non-traditional settings (day cares, schools, primary care)</li> <li>Reduced risk factors for substance use and mental health disorders</li> <li>Increased access to housing</li> <li>Increased access to employment and education services</li> <li>Increased access to primary care services</li> </ul>	<ul> <li>Increased use of person centered, culturally appropriate prevention, treatment, and training services by individuals &amp; families</li> <li>Reduced use of drugs &amp; alcohol in youth &amp; adults</li> <li>Increased employment and education outcomes</li> <li>Increased housing stability</li> <li>Increased use of primary care services</li> <li>Reduced barriers to services</li> </ul>	<ul> <li># Individuals and families utilizing person centered, culturally appropriate prevention, training, and information services</li> <li># Behavioral health information provided in non-traditional settings (day cares, schools, primary care)</li> <li># Youth reporting use of drugs and alcohol</li> <li># Employment and education</li> <li># Housing stability</li> <li># Crisis events</li> <li># Meaningful life activities</li> </ul>
Crisis Diversion  Assist people who are in crisis or at risk of crisis get the help they need	<ul> <li>Increased access to person centered, culturally appropriate outpatient treatment on demand</li> <li>Increased access to: community alternative options; diversion and crisis centers including sobering and detox; youth reception, and/or other crisis centers</li> <li>Increased availability of medication assisted treatment</li> <li>Increased access to treatment courts</li> </ul>	<ul> <li>Reduction in use of detention, jail, and emergency departments for crisis services</li> <li>Increased use of person centered, culturally appropriate outpatient treatment services for individuals and families</li> <li>Improved access to necessary inpatient services</li> <li>Decreased length of crisis events</li> <li>Increased utilization of treatment courts</li> <li>Reduced barriers to services</li> </ul>	<ul> <li># Parents and youth utilizing treatment services</li> <li># Detention, jail, and emergency department utilization (bookings &amp; length of stay)</li> <li># Community alternatives to detention available &amp; usage</li> <li># Reversed overdoses</li> <li># Narcan distributed</li> <li># Involuntary commitment</li> </ul>

MIDD Strategy Areas	SAMPLE MIDD Program Outcomes (performance)	SAMPLE MIDD Individual Outcomes (population)	SAMPLE MIDD Measures & Indicators
Recovery and Reentry  Empower people to become healthy and safely reintegrate to community after crisis	<ul> <li>Increased person centered, culturally appropriate treatment services</li> <li>Increased availability of peer services</li> <li>Increased access to housing</li> <li>Increased access to employment and education services</li> <li>Increased access to reentry services from jail or hospital</li> <li>Increased application of recovery and resiliency principles in services provided</li> <li>Increased access to culturally appropriate recovery services</li> </ul>	<ul> <li>Reduction in detention, jail, and ED utilization</li> <li>Increased utilization of appropriate treatment services</li> <li>Increased employment and education outcomes</li> <li>Increased housing stability</li> <li>Increased utilization of peer services</li> <li>Increased utilization of reentry services from jail or hospital</li> <li>Increased utilization of culturally appropriate recovery services</li> <li>Reduced barriers to services</li> </ul>	<ul> <li># Detention, jail, and ED utilization</li> <li># Diversions from jail, hospital, or court</li> <li># Re-hospitalization rates</li> <li># Peer services utilized</li> <li># Culturally appropriate recovery services utilized</li> <li># Reentry services from jail or hospital</li> <li># Recovery of function</li> <li># Employment and education</li> <li># Housing stability</li> <li># Providers utilizing recover and resiliency framework in services</li> <li># Meaningful life activities</li> </ul>
System Improvements  Strengthen the behavioral health system to become more accessible and deliver on outcomes	<ul> <li>Increased provider workforce retention &amp; expanded workforce</li> <li>Increased cultural diversity of workforce and providers</li> <li>Reduced disproportionate representation in the criminal justice and emergency department systems and hospitalizations</li> <li>Increased geographic availability of services</li> <li>Increased accessibility of services &amp; treatment on demand</li> <li>Increased use of evidence based practices and assessment tools</li> <li>Improved care coordination</li> <li>Improved quality of care</li> <li>Improved client experience</li> <li>Recovery oriented system of care</li> <li>MIDD is funder of last resort</li> </ul>	<ul> <li>Right treatment, at the right time, in the right amount (service on demand)</li> <li>(and everything else above)</li> </ul>	<ul> <li># Turnover, time to hire, new positions</li> <li># Disproportionality</li> <li># Culturally diverse providers</li> <li># Services available by location/area</li> <li># Utilization of appropriate treatment resources</li> <li># Services available within one bus ride</li> <li># Client satisfaction rating</li> <li># Using shared care plan/shared data</li> <li>\$ Leveraged</li> </ul>

Please note that the contents of this document are subject to change and modification.

i, ii: SAMPLE OUTCOMES are not intended to capture an exhaustive list of outcomes. They are a representative example of the types of outcomes for the strategy areas. It is expected that outcomes will change over time based on community and stakeholder feedback as the MIDD II Review and Renewal work continues through 2015 and 2016.

iii: SAMPLE MEASURES AND INDICATORS are not intended to capture an exhaustive list of outcomes. They are a representative example of the types of measures and indicators for the strategy areas. It is expected that measures and indicators will change over time based on community and stakeholder feedback as the MIDD II Review and Renewal work continues through 2015 and 2016.